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PLEASE DELIVER TO:

NAME: Examiner Justin E. Shepard/Art Unit 2617

FAX TELEPHONE NO. 571.273.8300

MESSAGE SENT BY: Daniel C. Crilly, Esq.

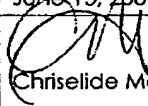
DATE: June 15, 2006

PAGES: (including cover).....24

MESSAGE: Please see attached Transmittal Form (1 page); Fee Transmittal (1 page); Request for Extension of Time (1 page) and Amendment under 37 C.F.R. § 1.111 (20 pages) in connection with U.S. Appl. Serial No. 09/905,196. Thank you.

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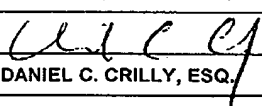
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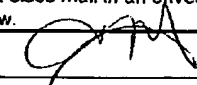
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/905,196	
	Filing Date	July 13, 2001	
	First Named Inventor	Allen Brett Cramer	
	Art Unit	2617	
	Examiner Name	Justin E. Shepard	
Total Number of Pages in This Submission	24	Attorney Docket Number	7411-01851

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM, LLP		
Signature			
Printed Name	DANIEL C. CRILLY, ESQ.		
Date	June 15, 2006	Reg. No.	38,417

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Signature			
Typed or printed name	Chriselide Mendez	Date	June 15, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2006</h2>		<b>Complete if Known</b> Application Number <b>09/905,196</b> Filing Date <b>July 13, 2001</b> First Named Inventor <b>Allen Brett Cramer</b> Examiner Name <b>Justin E. Shepard</b> Art Unit <b>2617</b> Attorney Docket No. <b>7411-01851</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> <b>785</b>		

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <b>50-1111</b> Deposit Account Name: <b>Brinkley, McNerney et al.</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
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<b>FEE CALCULATION</b> <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
<b>Total Claims</b> 42 - 20 or HP = 7		<b>Extra Claims</b> 7		<b>Fee (\$)</b> 25		<b>Fee Paid (\$)</b> 175	
HP = highest number of total claims paid for, if greater than 20		<b>Indep. Claims</b> 5 - 3 or HP = 1		<b>Extra Claims</b> 1		<b>Fee (\$)</b> 100	
HP = highest number of independent claims paid for, if greater than 3		<b>Number of each additional 50 or fraction thereof</b> 1		<b>Fee (\$)</b> 100		<b>Fee Paid (\$)</b> 100	
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <b>Total Claims</b> - 100 = <b>Extra Sheets</b> / 50 = <b>Number of each additional 50 or fraction thereof</b> (round up to a whole number) x <b>Fee (\$)</b> = <b>Fee Paid (\$)</b>							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fee Paid (\$)</b>	
Other: <b>Three month Extension of Time fee</b>						<b>510</b>	

<b>SUBMITTED BY</b>		
Signature <i>Crilly</i>	Registration No. 38,417 (Attorney/Agent)	Telephone (954) 522-2200
Name (Print/Type) <b>Daniel C. Crilly, Esq.</b>	Date <b>June 15, 2006</b>	

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